



STATE OF DELAWARE
DEPARTMENT OF SAFETY & HOMELAND SECURITY
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT

CARVEL STATE OFFICE BUILDING
820 NORTH FRENCH STREET
WILMINGTON, DELAWARE 19801

TELEPHONE: (302) 577-5210
FAX: (302) 577-8141

Dear Parents,

I wanted to take this opportunity to explain exactly what is involved in the Division's Cooperating Underage Witness (CUW) program. I want to address those questions that are most commonly asked, as well as questions that I would have, if my child were considering participating in the CUW program.

I cannot over emphasize the importance of this program to you and your child. A recent survey of Delaware youth reported that 1% of fifth graders, 18% of eight graders and 20% of eleventh graders reported that they used tobacco products on a regular basis. Additionally, 10% of the males and 9% of the females surveyed, reported that they have purchased tobacco products from a store clerk.

The report also showed that a direct link exists between those who used tobacco products and those who also abused other substances. An example is the finding that among eleventh graders, of those who smoked tobacco (20%), 63% also reported drinking alcoholic beverages and 60% also reported using marijuana. Of those eleventh graders who do not use tobacco products (80%), only 32% reported drinking alcoholic beverages and only 12% reported using marijuana.

The Division's Cooperating Underage Witness program would not be possible if it were not for your child and the other youth who participate in the program. Without them, our efforts to control youth access to tobacco products and alcoholic beverages would be useless. I doubt that there is a retailer who would stand up and say "Yes, I sell tobacco products and/or alcoholic beverages to children". However, the facts are simple. Some retailers are selling tobacco products and/or alcoholic beverages to our youth. As a result, the Division is committed to reducing youth access to tobacco products and alcoholic beverages through the use of its Cooperating Underage Witness program.

Once again, I would like to thank you and your child for your cooperation. I truly believe that together we can make a difference. If you have any further questions, please feel free to contact the Division.

Sincerely,

Donald J. Bowman Sr., Director
Division of Alcohol and Tobacco Enforcement

WHAT IS THE COOPERATING UNDERAGE WITNESS PROGRAM?

The program is called the **C**ooperating **U**nderage **W**itness Program or "CUW Program". The program was given this name because the underage individuals participating in the program are Cooperating with the Division of Alcohol Tobacco Enforcement to check for compliance with state laws concerning the sale of tobacco products to persons under the age of 18 and the sale of alcoholic beverages to persons under the age of 21.

Tobacco CUW's are under the age of 18 making them Underage for purchase of tobacco products.

Alcohol CUW's are under the age of 21, making them Underage for purchase of alcoholic beverages.

CUW's can be summonsed to appear as a Witness if the case were to go to trial in a court, or to trial in an administrative proceeding.

The focus of the CUW program is to check retailers that are selling tobacco products and alcoholic beverages, to ensure that they are following state laws which prohibit the sale of these age restricted products to persons under the age of 18 (tobacco products), or to persons under the age of 21 (alcoholic beverages).

The goal of the CUW program is compliance. While some arrests may be made as a result of the checks, the State's goal is to have all retailers who sell tobacco products and/or alcoholic beverages comply with state law.

If retailers would simply ask for identification and not sell tobacco products or alcoholic beverages to those who cannot produce it, not only would they be protected from most of their liability, but also the number of youth who begin using tobacco products and/or alcoholic beverages each year, would be dramatically reduced.

What will an underage person actually do while working as a CUW?

Shortly after completion of the training session, an Agent from the Division of Alcohol Tobacco Enforcement will contact you and your child. The agent will advise you and your child of a particular date and time in which the agency will be conducting these unannounced inspections. The agent will ask if your child would like to work as a CUW on that particular day.

If you and your child agree to work that day, an agent will pick your child up from your residence or other pre-arranged location (that you have all agreed to in advance).

Prior to the start of an operation, the CUW will be photographed and searched by an agent to ensure that they are only in possession of their real identification and "buy money" that was given to them by the agent. They will also be briefed by the agent on the specific Division requirements that all CUW's must adhere to while they are working a CUW operation.

Once they arrive at the pre-selected location, the agent and the CUW will enter into the retail establishment.

The agent will then get in to a position where they can view and observe the CUW, as well as the clerk.

The CUW will then approach the clerk and ask to purchase tobacco products if they are working as a tobacco CUW, or to purchase alcoholic beverages, if they are working as an alcohol CUW.

If the clerk asks the CUW for identification and they have identification in their possession, they will produce it. If asked their age, the CUW will be required to state their real age. At no time will any CUW be allowed to lie, mislead, or deceive any clerk or store employee.

At this point, the clerk will either sell, or not sell, the tobacco product or alcoholic beverage to the CUW.

The agent will then re-enter the establishment. During this time the CUW will remain secured in the agent's vehicle. The agent will then either reward the clerk and/or owner for compliance, or issue a criminal summons to the clerk and/or owner if a sale was made.

The agent will then fill out a report. If a sale was made the agent will package any evidence. The CUW will also initial the agent's report just as the agent does. This insures that both parties agree to the facts and circumstances surrounding the incident.

The agent and the CUW will then move on to the next pre-selected location and repeat the entire process.

At the conclusion of the operation, the CUW will be returned home or to some other pre-arranged location (which you have agreed to in advance) and the operation will end.

If the CUW is needed as a witness for a court trial, or an administrative trial at a later date, the agent will notify both you and the CUW of the date and time of the court trial or administrative trial. The agent will pick the CUW up from home or other pre-arranged location and return the CUW to your home or other pre-arranged location after the trial has concluded.

Tell me about the safety of CUW's while they are working?

The safety of all CUW's is our number one concern. At no time will an agent be permitted to allow any CUW to be put into a situation that the agent feels in any way places the CUW in danger. If a situation becomes dangerous in any way, agents are instructed to identify themselves, take immediate custody of the CUW and remove the CUW from the area.

However, we cannot predict every situation that may arise. While we will make every reasonable effort to insure the safety of all CUW's, accidents can happen. In addition to making every reasonable effort to ensure that we do not knowingly place a CUW in to a situation that could result in injury, tobacco CUW's are insured by the state against any unforeseen incidents that may occur while they are participating in the tobacco CUW program.

Alcohol CUW's are NOT covered by insurance while they are working, since they are not paid for their service. However, the Division will also make every reasonable effort to insure the safety of all alcohol CUW's.

Tell me about insurance coverage for an underage person while they are working as a CUW?

Since alcohol CUW's are not paid for their service, they do NOT receive any form of payment, insurance coverage, or compensation, while working as an alcohol CUW.

Only tobacco CUW's receive the insurance benefits stated below:

1. The tobacco CUW, while traveling in a State of Delaware vehicle, will be covered by the State of Delaware's Auto Collision Coverage.

2. The tobacco CUW, during the hours that they are actually working under the tobacco CUW program, will be covered under the State of Delaware's Workers Compensation Coverage.

Absolutely no coverage is provided for a tobacco CUW before or after the actual hours that they are working under the tobacco CUW program.

The two types of coverage listed in (1) and (2), is the only coverage that will be provided to a tobacco CUW.

What do I need to know about CUW hours and payments?

Since alcohol CUW's are not paid for their service, they do NOT receive any form of payment, insurance coverage, or compensation, while working as an alcohol CUW.

Only tobacco CUW's receive payment for their service.

While actual working hours may vary, it is our intention to operate the CUW program under the following guidelines:

1. The CUW will generally be asked to work either a four (4) or eight (8) hour block of time. While the blocks of time may be changed, they will not exceed eight hours (8) in any given day.

2. Tobacco CUW's will be paid a wage of \$8.00 per hour.

3. Tobacco CUW's will receive a State of Delaware check as payment.

4. Tobacco CUW's will be paid in the following manner:

- Payment for any tobacco compliance checks performed during the first two weeks of the month will be sent out the last Friday of the month.

- Payment for any tobacco compliance checks performed from the middle to the end of the month will be sent out the second Friday of the month.

Does a person have to pay taxes while working as a CUW?

Alcohol CUW's are NOT REQUIRED to pay taxes, since they are not paid for their service.

Tobacco CUW's MAY BE REQUIRED to pay taxes, since they are paid for their service.

Tax information for tobacco CUW's:

1. While the State of Delaware will not withhold state or federal taxes, your child may be required by law to file a tax return as a result of their working as a tobacco CUW. We are not tax specialists and cannot provide you with the information that you may need.

We strongly urge you to contact your tax consultant, or the proper federal, state or local agency to determine any tax liabilities that may exist.

Nothing said or implied to any tobacco CUW or the parent(s) of a tobacco CUW by any member of the Division, or associated official, can release a tobacco CUW or the parent(s) of a tobacco CUW, from liability for the payment of taxes to the State of Delaware, Internal Revenue Service, or any political subdivision.

The reporting and payment of any taxes is the sole responsibility of the tobacco CUW and their parent(s).

2. The City of Wilmington requires that any person working within the City of Wilmington and making more than a total of \$80.00 in a tax year, pay City of Wilmington Wage Tax. The current city wage tax percentage is set by the City of Wilmington. Any City of Wilmington wage tax will be deducted from the tobacco CUW's paycheck, if required.

What documents will a person need to participate in the CUW program and what are the requirements for tobacco and alcohol CUW's?

Tobacco CUW requirements:

1. A person must be between the ages of 14 and 17 to be a tobacco CUW.
2. A person younger than 14 or older than 17 years of age may not participate in the tobacco CUW program.
3. All tobacco CUW's must provide a copy of their Original Birth Certificate.
4. All tobacco CUW's must provide a copy of their Social Security Card.
5. All tobacco CUW's must obtain a work permit from the Department of Labor.
6. All tobacco CUW's must obtain a state issued identification card or driver's license from the Division of Motor Vehicles. (This requirement may be waived with permission from the Division Director.)
7. The following items must be signed and returned to the Division by all tobacco CUW's and their parent(s):
 - a. Compliance Check ID Form
 - b. Parental Permission & Youth Agreement Form

- c. Tobacco Compliance Check Availability Form
- d. CUW Program Release Form

8. All tobacco CUW's must submit to being photographed on a monthly basis for record keeping requirements of the program.

9. All tobacco CUW's will be required to adhere to all Division tobacco CUW policies during the operation. All tobacco CUW's will be briefed on these policies by an Agent, prior to the start of a tobacco CUW operation.

10. All tobacco CUW's must appear by a reasonable person's standard to be 17 years of age or under. Males may not have facial hair, females may not wear excessive amounts of make-up.

Alcohol CUW requirements:

1. A person must be between the ages of 16 and 20 to be an Alcohol CUW.

2. A person younger than 16 or older than 20 years of age may not participate in the Alcohol CUW program.

3. All Alcohol CUW's are NOT required to obtain any documents stated in # 3, # 4, # 5 or # 7 of the tobacco CUW requirements section.

However, all alcohol CUW's must have either a valid driver's license or valid state issued ID (from any state), valid passport or valid military ID.

4. All alcohol CUW's must agree to be photographed and to sign the alcohol CUW program release form.

5. All alcohol CUW's will be required to adhere to all Division alcohol CUW policies during the operation. All alcohol CUW's will be briefed on these policies by an Agent, prior to the start of an alcohol CUW operation.

6. All alcohol CUW's must appear by a reasonable person's standard to be under 21 years of age. Males may not have facial hair, females may not wear excessive amounts of make-up.

Where can I obtain the required state work forms to become a tobacco CUW?

A person is NOT required to obtain any forms to become an alcohol CUW.

Only tobacco CUW's are required to obtain forms.

The required forms to become a tobacco CUW are available at local High School and Middle School offices.

Forms may also be obtained from:

Delaware Department of Labor
Division of Industrial Affairs
Labor Law Enforcement Section
4425 North Market Street
Wilmington, DE 19801
Telephone Number: (302) 761-8200

OR

Division of Alcohol and Tobacco Enforcement
Attn: Tobacco Program Coordinator
Carvel State Office Building, 3rd floor
820 North French Street
Wilmington, DE 19801

Telephone Number: (302) 577-5210

**THE FORMS ON THE FOLLOWING PAGES ARE REQUIRED
TO BE COMPLETED BY ANYONE WHO PARTICIPATES IN
THE TOBACCO CUW PROGRAM.**

**PLEASE MAKE SURE TO SIGN ALL FORMS WHERE
REQUIRED AND RETURN ALL FORMS TO THE DIVISION
OF ALCOHOL AND TOBACCO ENFORCEMENT AT THE
FOLLOWING ADDRESS:**

**DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT
ATTN: TOBACCO COORDINATOR
820 NORTH FRENCH STREET, 3RD FLOOR
WILMINGTON, DE 19801**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DIVISION OF
ALCOHOL AND TOBACCO ENFORCEMENT AT:**

PHONE: (302) 577-5210

FAX: (302) 577-8141

STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT

TOBACCO COMPLIANCE CHECK ID FORM

ASSIGNED CUW ID NUMBER (DIVISION USE ONLY): _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

PHONE NUMBER: _____

GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH: _____ / _____ / _____

RACE: ☐ AFRICAN-AMERICAN ☐ ASIAN ☐ CAUCASIAN
☐ HISPANIC ☐ NATIVE-AMERICAN
☐ OTHER

SCHOOL: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ (HOME) _____ (WORK)

STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT

**PARENTAL PERMISSION & AGREEMENT TO PARTICIPATE ON TOBACCO COMPLAINE
CHECK PROGRAM**

I, _____, grant permission for my son/daughter
(name of parent or legal guardian, please print name)

_____, to participate in the State and Synar
(name of youth, please print name)

tobacco compliance check program conducted by the State of Delaware, Division of Alcohol and Tobacco Enforcement. My child is allowed to attend any training session(s) and to participate in the tobacco compliance check activities.

Name of youth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: ☐ Male ☐ Female

Date of Birth: ____/____/____

_____/_____/_____
Signature of parent/legal guardian Date

Parent/legal guardian phone number: _____(day) _____(evening)

STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT

TOBACCO COMPLIANCE CHECK AVAILABILITY

NAME: _____

CUW ID#: _____
(AGENCY USE ONLY)

PHONE NUMBER: _____

The Division of Alcohol and Tobacco Enforcement will need to know when the tobacco CUW is available to perform tobacco compliance checks in the field. In the space below, please fill in the days and times that work best for you to perform tobacco compliance checks. For example, if you are available to work on Saturday from 1pm to 5 pm, write "1pm to 5pm" in the Saturday block. If you are available to work all day on a particular day, write "all day" in the block. If you cannot work at all on a particular day, write "not available" in the block. We understand that you may have other obligations (outside activities, school, sports, vacations etc.), that may prevent you from doing checks on certain days. However, this will give us a general idea of when you will be available to perform tobacco compliance checks.

DAY OF WEEK	HOURS AVAILABLE
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Additional comments, information you would like us to know:

STATE OF DELAWARE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY
DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT

**TOBACCO C.U.W. PROGRAM
MINOR PARTICIPATION RELEASE FORM**

STATE OF DELAWARE

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS THAT I,

OF

(FULL NAME OF PARENT/GUARDIAN)

(COMPLETE ADDRESS)

(PHONE#)

DO HEREBY RELEASE AND DISCHARGE THE STATE OF DELAWARE,
DEPARTMENT OF SAFETY AND HOMELAND SECURITY, DIVISION OF ALCOHOL
AND TOBACCO ENFORCEMENT, ITS AGENTS AND INSURERS, FROM ALL CLAIMS,
DEMANDS, ACTIONS, CAUSES OF ACTIONS, OR SUITS, AT LAW OR IN EQUITY,
OF WHATSOEVER KIND OR NATURE, ON ACCOUNT OF ANY PERSONAL INJURY
OR PROPERTY DAMAGE RESULTING FROM OR ARISING OUT OF THE
PARTICIPATION OF

(FULL NAME OF MINOR CHILD)

A MINOR CHILD UNDER MY CUSTODY, IN ANY ENFORCEMENT ACTIVITY
INVOLVING THE DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT. I
UNDERSTAND THAT THIS RELEASE INCLUDES, BUT IS NOT LIMITED TO,
PROPERTY DAMAGE, BODILY INJURY, MEDICAL COSTS AND EXPENSES, AND
LOST WAGES. I UNDERSTAND THAT I MAY BE REQUIRED TO OFFER TESTIMONY
AGAINST VIOLATORS IN A COURT OF LAW AS A RESULT OF MY COOPERATION
WITH THE DIVISION OF ALCOHOL AND TOBACCO ENFORCEMENT.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY SIGNATURE THIS

_____ DAY OF _____, 20____ A.D.

PARENT/GUARDIAN SIGNATURE

WITNESS SIGNATURE

DEPARTMENT OF PUBLIC SAFETY
PERSONAL INFORMATION/EMERGENCY CONTACT RECORD

EMPLOYEE'S NAME _____
(First) (Middle) (Last)

SOCIAL SECURITY # _____ BIRTHDATE _____

ADDRESS _____

HOME TELEPHONE _____ CAR PHONE _____

Listed or Unlisted

DO YOU LIVE WITHIN WILMINGTON CITY LIMITS? _____ WORK # _____

WORK LOCATION _____ SUPERVISOR _____

Persons to notify in case of an EMERGENCY: (Please list two (2) choices)

NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE _____

BUSINESS PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ HOME PHONE _____

BUSINESS PHONE _____

The following information will be used for Affirmative Action/EEOC purposes only (Circle One)

ETHNIC GROUP

SEX

MARITAL STATUS

White

Female

Single

Black

Male

Married

Spanish Origin

Divorced

Asian American

Widowed

American Indian

US. Veteran: Yes _____ No _____

Veteran with disabilities: Yes _____ No _____

US. Citizen: Yes _____ No _____

Person with disabilities: Yes _____ No _____

Are there any special medical conditions or medications you are taking that this office should be aware of in case of emergency? _____

Do you have prior State of Delaware Employment? Yes _____ No _____

If yes, Name of Agency _____

Dates of employment _____

At anytime during your employment, you must keep your Human Resources Office aware of any address, telephone, or marital status changes.

Form W-4 (2000)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2000 expires February 18, 2001.

Note: You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer (or zero) allowances.

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see Pub. 919, *How Do I Adjust My Tax Withholding?*

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES, *Estimated Tax for Individuals*. Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2000. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married). **Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit **F** _____

G Child Tax Credit:
 • If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.
 • If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. **G** _____

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. ► **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single, have more than one job and your combined earnings from all jobs exceed \$34,000, OR if you are married and have a working spouse or more than one job and the combined earnings from all jobs exceed \$60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ► For Privacy Act and Paperwork Reduction Act Notice, see page 2.		OMB No. 1545-0010 2000
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.		
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above OR from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2000, and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, write "EXEMPT" here ► 7				
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.				
Employee's signature (Form is not valid unless you sign it) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number
Public Safety 303 Transportation Circle Dover, DE 19903				51 6000079

Cat. No. 102200

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): A citizen or national of the United States A Lawful Permanent Resident (Alien # A _____) An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name Public Safety		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code) 303 Transportation Circle Dover, DE 19903		

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)		B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.			
Document	Title: _____	Document #:	Expiration Date (if any): ____/____/____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative		Date (month/day/year)	

☐ I am a new State of Delaware employee.

☐ As a current State of Delaware employee, I elect to participate in the direct deposit program.

☐ As a current State of Delaware employee, I request to change my direct deposit account.

☐ Checking Account ☐ Savings Account

Address _____

Direct deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time.

Date .

*****showing the account number must accompany this form *****

Account Number Information

ABA[illegible]

**Department of Public Safety
Employee Non-Disclosure Agreement**

Important. Please read all sections below: If you have any questions regarding this agreement, please ask your human resources representative for clarification before signing.

The Employee recognized and acknowledges: that the services the Department of Public Safety (hereinafter referred to as the "Department") performs for it's customers, employees and related individuals are confidential and that to enable the Department to perform those services, it's customers, employees and related individuals furnish to the Department confidential information concerning their affairs; that the good will of the Department depends, among other things, upon its keeping such services and information confidential; and that by reason of the services performed by the Department for it's customers or employees even though the employee does not take any direct part in or furnish the services performed for those customers or employees.

The Employee accordingly agrees that, except as directed by his/her supervisor through consultation with and agreement by the Human Resource Office, the employee will not at any time during or after his/her employment by the Department, disclose any information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by the employee or coming into his/her possession or under his/her control, that have in any way to do with customers, employees or individuals for whom the Department has access to information through the division of Motor Vehicles, Department of Labor or other data base electronic or otherwise. The Employee recognizes that the disclosure of information by the Employee may give rise to irreparable injury to the person or to the owner of such information, and that accordingly, the person or the owner of such information may seek any legal remedies against the employee, which may be available.

The employee agrees that he/she will at all times comply with all security regulations, policies and procedures in effect from the time at the Department and externally for all materials belonging to the Department.

I have read all of the above sections of this Agreement and I understand them.

Employee Signature

Date

Witness # 1

Title

Date

Notary Public

Date

Commission Expires

***TO BE COMPLETED AND SIGNED BY
CASUAL, SEASONAL OR TEMPORARY
EMPLOYEES AT TIME OF HIRE**

STATEMENT OF UNDERSTANDING

Congratulations on your employment as a Casual/Seasonal or Temporary employee!

Your first day of work is _____. It is expected that the length of this employment will be _____. The hourly rate for this position is _____. Paychecks are issued twice per month, on the 15th and the last day of the month, and you will be paid for the work you perform from the 16th to the end of the month on the 15th of the following month.

This position does not accrue benefits. This means you are not eligible for paid vacation/sick leave, holiday pay, health insurance or pension. Your acceptance of this employment does not guarantee you any right, promise or offer of a Merit position.

If you are interested in a Merit position with the State of Delaware, you should apply when vacancies are announced via open competitive postings for which you qualify. Additionally, you may want to speak to a job counselor at State Personnel Employment Services. Employment Services offers the following services.

- Information concerning State opportunities in all agencies. This information includes copies of all agency job announcements and lists of on-going and immediate vacancies.
- Job counseling, including a review of qualifications compared to available State Jobs.

To schedule an appointment for job counseling, please contact the following counselors:

Dover	Helene Madden or Jack Rowan at 739-5458
Wilmington	Bob Revelle, Sr. at 577-8277
Georgetown	Jack Rowan at 856-5966

By my signature, I indicate that I fully understand the contents of this fact sheet.

Signature

Date

Social Security Number

***TO BE COMPLETED AND SIGNED BY
CASUAL, SEASONAL OR TEMPORARY
EMPLOYEES AT TIME OF HIRE**

EXPLANATION OF EMPLOYMENT BY THE STATE

Casual, Seasonal and Temporary employees employed by the State of Delaware do not Accrue benefits; such as vacation/sick leave, holiday pay, health insurance or pension. Acceptance of this employment does not guarantee applicants any right, promise or offer of a Merit position.

Applicants interested in Merit positions with the State of Delaware should apply when vacancies are announced via open competitive postings for which they qualify. Additionally, applicants may want to speak to a job counselor at State Personnel Employment Services. Employment Services offers the following services:

- Information concerning State opportunities in all agencies. This information includes copies of all agency job announcements and lists of on-going and immediate vacancies.
- Job counseling, including a review of qualifications compared to available State jobs.

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**STATE OF DELAWARE
SEXUAL HARASSMENT POLICY AND COMPLAINT
PROCEDURE**

It is the policy of the State of Delaware, Executive Branch, that all employees should enjoy a working environment free from all forms of discrimination, including sexual harassment.

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct of communication of a sexual nature, when:

- 1) Submission to that conduct of communication is made a term or condition of employment, either explicitly or implicitly: or
- 2) Submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment: or
- 3) That conduct or communication has the purpose or effect of substantially interfering with an individual's employment or work performance, or creates an intimidating, hostile or offensive working environment.

Sexual harassment may take many forms. The most obvious and easily identified is where submission to unwanted sexual advances is made a condition of obtaining tangible benefits at work (e.g., promotion, salary increases, etc.) or avoiding the loss of job-related benefits. The less readily recognized, but more common forms include questionable physical contact of a sexual nature, suggestions of sexual favors, repeated use of vulgar language of a sexual nature and displaying sexually explicit pictures or posters.

Any employee who believes that they are being sexually harassed should advise the offending individual that the conduct in question is offensive and request that it be discontinued immediately.

If the employee does not desire to mention the offending behavior to the offending individual, or if the conduct in question is not discontinued, the employee who believes they have been subjected to sexual harassment should bring their concerns to the attention of their supervisor or the agency Human Resources Representative who has been designated to handle agency employee complaints.

If the employee is not comfortable with bringing the offending behavior to their supervisor or agency Human Resources Representative, concerns should be brought to the attention of the State EEO/AA Program Administrator of the State Personnel Office.

DEPARTMENT OF PUBLIC SAFETY STANDARDS OF BEHAVIOR IN THE DPS WORKPLACE

DPS affirms the Beliefs and Principles statement by establishing Standards of Behavior in the Department of Public Safety workplace. In the DPS workplace, we recognize other cultures as well as our own and value the uniqueness of each individual. We use the word culture in its broadest sense to include: age, color, disability, ethnicity, gender, nationality, race, religion and sexual orientation.

DPS, as an employer, has a responsibility to maintain a workplace free of discrimination and harassment.

Discrimination is defined as: Making a clean distinction; acting on the basis of prejudice. Discrimination includes but is not limited to:

1. Preferential treatment for or against person(s) based on their perceived identification as a member of one of the culture groups listed above.
2. Not considering a person for promotion based on perceived abilities because of his/her age, gender, race, etc.

Harassment includes but is not limited to:

1. Slurs, jokes, negative stereotyping, or threatening, intimidating, or hostile acts related to another individual or group.
2. Written or graphic material that denigrates (belittles/ridicules) or shows hostility or aversion (dislike) toward another individual or group
3. Unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct or communication of a sexual nature, when (a) submission to that conduct or communication is made a term or condition of employment, either explicitly or implicitly; or (b) submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment; or (c) that conduct or communication has the purpose or effect of substantially interfering with an individual's employment or work performance, or creates an intimidating, hostile or offensive working environment.

DPS committed to valuing differences because we are firmly convinced that a workplace which embraces differences is critical to each employee's ability to succeed and to the success of DPS. DPS encourages employees to:

1. Learn about your own culture and other cultures. Knowing the richness and variety of cultures given insight into how our words and actions are perceived by co-workers and clients.



DEPARTMENT OF PUBLIC SAFETY

DRUG-FREE WORKPLACE POLICY STATEMENT

The Department of Public Safety believes that illegal drugs have no place in the work environment.

Furthermore, Congress passed that Drug-Free Workplace Act of 1988, requiring the certification of federal grantees of a drug-free workplace, and the Department of Public Safety supports that Act.

For these reasons, the Department of Public Safety adopts the following regulations on drug-free workplace requirements for its employees:

a) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Department of Public Safety, in all places where its employees work, including all State-owned vehicles, and in carrying out any federal grant activity.; A controlled substance is one which appears in schedules I through V of section 202 of the Controlled Substance Act (21 U.S.C 812). As a condition of employment, each employee shall abide by this prohibition and shall notify the Department of Public Safety if he/she is convicted under any criminal drug statute for a violation occurring in the workplace as provided by paragraph b) below. Violation of such prohibition shall result in personnel action against the employee, as set out in the attached schedule, which shall include action up to and including termination, and/or satisfactory participation in an obligation to pay for such a program, but the cost of the program may be covered by an employee's health insurance policy.

All violations of the above policy shall be reported to the Human Resources Manager of Public Safety or his/her designee, who shall report the violation to the appropriate policy authority and to the State Personnel Office. Personnel action shall be taken in all cases of a chargeable offense under 16 Del. C., Chapter 47 or comparable federal law; however, a conviction of the charged offense shall not be necessary to take personnel action against the employee for a violation of this policy. The employee against whom such a personnel action is taken shall be entitled to due process pursuant to 29 Del. C., Chapter 101 and the rules and regulations of the Department of Public Safety.

Nothing in this policy shall preclude the Department of Public Safety from taking concurrent and/or independent personnel action against the employee under any applicable state law or rules and regulations.

b) All employees shall notify the Human Resources Manager in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Failure of the employee to make such a notification shall lead to discipline in keeping with the attached schedule. Within ten-days of receiving notice of any employee convicted as described above, the Department of Public Safety shall notify the federal agencies providing grants to and through the Department of Public Safety.

c) Within thirty days of receiving notice of any employee convicted described in section b), the Department of Public Safety will:

- 1) Take appropriate personnel action against such and employee, up to and including termination; or
- 2) Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

Such action may be taken by the Department of Public Safety prior to conviction.

d) The Department of Public Safety shall give each employee a copy of the statement set out in sections a), b), and c), above, and post it prominently throughout the areas where employees work. Each employee shall sign this statement and it shall be placed in the employee's personnel file.

VIOLATION

8. Unlawful delivery or distribution to a minor of a hypodermic syringe, drug paraphernalia, or any amount of a controlled substance, a counterfeit controlled substance, or a non-controlled substance under the representation that the substance is a narcotic or non-narcotic controlled substance.
9. Trafficking, as defined in 16 Del. C., Section 4753A or in comparable federal law.
10. Failure to report conviction pursuant to section b) of this policy.

MINIMUM TO MAXIMUM PENALTIES

Termination

Termination

Termination

NOTE: The above violations should be read in conjunction with 16 Del. C., Chapter 47, and the definitions contained therein and with comparable federal law.